

TRANSCRIPT ORDER

DUE DATE:

1. NAME William F. Blankenship III				2. PHONE NUMBER (214) 361-7500		3. DATE 3/27/19	
4. FIRM NAME Blankenship Law Firm							
5. MAILING ADDRESS 3500 Maple Avenue, Suite 1100				6. CITY Dallas		7. STATE TX	
8. ZIP CODE 75219							
9. CASE NUMBER MDL 15-2641		10. JUDGE David G. Campbell		DATES OF PROCEEDINGS			
				11.		12.	
13. CASE NAME Hyde v. C.R. Bard				LOCATION OF PROCEEDINGS			
				14. PHX		15. STATE AZ	
16. ORDER FOR							
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				Hurst, McMeeking,		During Hyde Trial	
<input type="checkbox"/> OPENING STATEMENT (Defendant)				and Muehrcke			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> BAIL HEARING							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY			
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)			
7 DAYS(expedited)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)			
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>					
DAILY	<input type="checkbox"/>	<input type="checkbox"/>					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS bill@blankenshiplaw.com			
19. SIGNATURE /s/ William F. Blankenship III				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.			
20. DATE 3/27/19							
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL			
ORDER RECEIVED	DATE	BY	PROCESSED BY		PHONE NUMBER		
DEPOSIT PAID			DEPOSIT PAID				
TRANSCRIPT ORDERED			TOTAL CHARGES				
TRANSCRIPT RECEIVED			LESS DEPOSIT				
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT			TOTAL DUE				

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY